



2024

Annual Notice of Changes

Priority Medicare ONESM (HMO-POS)
offered by Priority Health

January 1, 2024–December 31, 2024

You are currently enrolled as a member of **Priority**Medicare ONE. Next year, there will be changes to your plan's costs and benefits. **This booklet details these changes.**

Additional Resources

This information is available in a different format, including Braille and large print.

Please contact our Customer Service at 844.403.0444 for additional information. (TTY users should call 711). We're available 8 a.m. to 8 p.m., seven days a week.

Coverage under this Plan qualifies as Qualifying Health Coverage (QHC) and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at ***irs.gov/Affordable-Care-Act/Individuals-and-Families*** for more information.

About PriorityMedicare ONE

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal.

When this booklet says "we," "us," or "our," it means Priority Health Medicare. When it says "plan" or "our plan," it means **Priority**Medicare ONE.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-888-389-6648. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-888-389-6648. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-888-389-6648。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-888-389-6648。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-888-389-6648. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-888-389-6648. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-888-389-6648 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-888-389-6648. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-888-389-6648 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-888-389-6648. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-888-389-6648. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-888-389-6648 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-888-389-6648. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-888-389-6648. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-888-389-6648. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-888-389-6648. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-888-389-6648 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Please see page 3 for a Summary of Important Costs, including Premium.

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review your *Evidence of Coverage*, which will be available starting 10/1/23 on our website at priorityhealth.com/one24. (You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - Review the changes to Medical care costs (doctor, hospital).
 - Review the changes to our drug coverage, including authorization requirements and costs.
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check the changes in the 2024 “Drug List” to make sure the drugs you currently take are still covered.
- Check to see if your primary care doctors, specialists, hospitals, and other providers, including pharmacies will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2024* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan’s website.

3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2023, you will stay in **PriorityMedicare ONE**.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with **PriorityMedicare ONE**.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for **PriorityMedicare ONE** in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium* * Your premium may be higher than this amount. See Section 1.1 for details.	\$0	\$0
Deductible	<u>HMO (in-network)</u> \$0 <u>POS (out-of-network)</u> \$1,000	<u>HMO (in-network)</u> \$0 <u>POS (out-of-network)</u> \$1,000 except for insulin furnished through an item of durable medical equipment.
Maximum out-of-pocket amount This is the <u>most</u> you will pay out-of-pocket for your covered services. (See Section 1.2 for details.)	<u>HMO (in-network)</u> \$4,300	<u>HMO (in-network)</u> \$4,300
Doctor office visits	<u>HMO (in-network)</u> Primary care visits: \$0 per visit. Specialist visits: \$0-\$35 per visit. <u>POS (out-of-network)</u> 50% per visit with a PCP or specialist, after deductible.	<u>HMO (in-network)</u> Primary care visits: \$0 per visit. Specialist visits: \$0-\$35 per visit. <u>POS (out-of-network)</u> 50% per visit with a PCP or specialist, after deductible.

Cost	2023 (this year)	2024 (next year)
<p>Inpatient hospital stays</p>	<p><u>HMO (in-network)</u> \$285 per day, days 1-7.</p> <p><u>POS (out-of-network)</u> 50% per stay, after deductible.</p>	<p><u>HMO (in-network)</u> \$285 per day, days 1-7.</p> <p><u>POS (out-of-network)</u> 50% per stay, after deductible.</p>
<p>Part D prescription drug coverage (See Section 1.5 for details.)</p>	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><u>Preferred Retail</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$10 • Drug Tier 3: \$42 You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 45% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier. <p><u>Standard Retail</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$6 • Drug Tier 2: \$20 • Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier. 	<p>Deductible: \$0</p> <p>Copay/Coinsurance during the Initial Coverage Stage:</p> <p><u>Preferred Retail</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$0 • Drug Tier 2: \$10 • Drug Tier 3: \$42 You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 45% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier. <p><u>Standard Retail</u></p> <ul style="list-style-type: none"> • Drug Tier 1: \$6 • Drug Tier 2: \$20 • Drug Tier 3: \$47 You pay \$35 per month supply of each covered insulin product on this tier.

Cost	2023 (this year)	2024 (next year)
<p>Part D prescription drug coverage (continued)</p>	<ul style="list-style-type: none"> • Drug Tier 4: 50% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays most of the cost for your covered drugs. • For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called coinsurance), or a copayment (\$4.15 for a generic drug or a drug that is treated like a generic, and \$10.35 for all other drugs.) 	<ul style="list-style-type: none"> • Drug Tier 4: 50% You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 5: 33% You pay \$35 per month supply of each covered insulin product on this tier. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>		
<p><u>Region 1 Counties:</u> Allegan, Barry, Kent, Lenawee, Ottawa</p>	<p>\$0 in Kent and Ottawa ONLY</p>	<p>\$0 in Kent and Ottawa ONLY</p>
<p><u>Region 2 Counties:</u> Berrien, Calhoun, Cass, Ionia, Isabella, Kalamazoo, Mason, Midland, Missaukee, Montcalm, Muskegon, Newaygo, Oceana, Osceola, Otsego, St. Clair, Van Buren, Wexford</p>	<p>N/A</p>	<p>N/A</p>
<p><u>Region 3 Counties:</u> Alcona, Antrim, Benzie, Charlevoix, Clare, Crawford, Grand Traverse, Hillsdale, Lake, Lapeer, Leelanau, Manistee, Mecosta, Monroe</p>	<p>N/A</p>	<p>N/A</p>
<p><u>Region 4 Counties:</u> Alpena, Cheboygan, Eaton, Emmet, Gladwin, Gratiot, Iosco, Jackson, Kalkaska, Montmorency, Oscoda, Presque Isle, Roscommon, Sanilac, Shiawassee, St. Joseph</p>	<p>N/A</p>	<p>N/A</p>
<p><u>Region 5 Counties:</u> Arenac, Bay, Branch, Clinton, Genesee, Huron, Ingham, Livingston, Macomb, Oakland, Ogemaw, Saginaw, Tuscola, Washtenaw, Wayne</p>	<p>\$0 in Macomb, Oakland and Wayne ONLY</p>	<p>\$0 in Macomb, Oakland and Wayne ONLY</p>

Cost	2023 (this year)	2024 (next year)
<p>Enhanced dental and vision package</p> <p><i>(optional supplemental benefit available for an extra premium)</i></p> <p>See Chapter 4, Section 2.2 (<i>Extra “optional supplemental” benefits you can buy</i>) of the Evidence of Coverage for details.</p>	\$38.00	\$42.00

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2023 (this year)	2024 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your in-network maximum out-of-pocket amount.</p>	\$4,300	<p>\$4,300</p> <p>Once you have paid \$4,300 out-of-pocket for covered services from in-network providers, you will pay nothing for your covered services for the rest of the calendar year.</p> <p>There is no change for the upcoming benefit year.</p>

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at priorityhealth.com/one24. You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 Provider/Pharmacy Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

There are changes to our network of pharmacies for next year. **Please review the 2024 Provider/Pharmacy Directory to see which pharmacies are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2023 (this year)	2024 (next year)
<p>Enhanced dental and vision package</p>	<p><u>Dental:</u> 50% coverage for endodontics (root canals)- once per tooth, every 24 months</p> <p>50% coverage for major restorative services (crowns, onlays, and associated substructures)- once per tooth every 84 months.</p>	<p><u>Dental:</u> There has been no change to benefits included in the enhanced dental and vision package, just a change in some benefit frequencies. Those are listed below:</p> <p>50% coverage for endodontics (root canals)- once per tooth, per lifetime</p> <p>50% coverage for major restorative services (crowns, onlays, and associated substructures)- once per tooth every 60 months.</p>

Cost	2023 (this year)	2024 (next year)
Allergy shots and serum	<u>In- and out-of-network</u> 20% for each Medicare-covered Part B drug obtained in a provider’s office.	<u>In- and out-of-network</u> Up to 20% for each Medicare-covered Part B drug obtained in a provider’s office.
Ambulance services	Prior authorization is <u>not</u> required for non-emergency Medicare-covered air ambulance services.	Prior authorization is required for non-emergency Medicare-covered air ambulance services.
Annual wellness visit	If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. You also have the option to discuss advance care planning. This is covered once every 12 months.	If you’ve had Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. You also have the option to discuss advance care planning. This is covered <u>once per calendar year</u> .
Emergency care	<u>In- and out-of-service area</u> \$110 for each Medicare-covered emergency room visit.	<u>In- and out-of-service area</u> \$120 for each Medicare-covered emergency room visit.

Cost	2023 (this year)	2024 (next year)
<p>Medicare Part B prescription drugs</p>	<p><u>In- and out-of-network Part B chemotherapy/radiation</u> 20% for each Medicare-covered Part B drug. 20% for chemotherapy drug administration.</p> <p>Part B drugs obtained in a provider’s office or outpatient setting 20% for each Medicare-covered Part B drug.</p> <p>Part B drugs obtained at a pharmacy/mail-order 20% for each Medicare-covered Part B drug.</p> <p>Part B insulin 20% for Medicare-covered Part B insulin.</p>	<p><u>In- and out-of-network Part B chemotherapy/radiation</u> Up to 20% for each Medicare-covered Part B drug. Up to 20% for chemotherapy drug administration.</p> <p>Part B drugs obtained in a provider’s office or outpatient setting Up to 20% for each Medicare-covered Part B drug.</p> <p>Part B drugs obtained at a pharmacy/mail-order Up to 20% for each Medicare-covered Part B drug.</p> <p>Part B insulin 20% up to a \$35 copayment for Medicare-covered Part B insulin.</p>
<p>Outpatient hospital observation</p>	<p><u>In- and out-of-network</u> \$110 for each Medicare-covered observation visit, including all services received.</p>	<p><u>In- and out-of-network</u> \$120 for each Medicare-covered observation visit, including all services received.</p>
<p>OTC Plus</p>	<p>You have a \$15 allowance per month to use on over-the-counter (OTC) items and if eligible, healthy food and produce. In-store purchases can be made at any retailer in our network. For a full list, visit PriorityHealth.com/OTC.</p>	<p>You have a \$26 allowance per month to use on over-the-counter (OTC) items and if eligible, healthy food and produce. In-store purchases can be made at any retailer in our network. For a full list, visit PriorityHealth.com/OTC.</p>

Cost	2023 (this year)	2024 (next year)
PriorityCare	Up to 100 hours per year of in-person or virtual Papa companion care services, unlimited Papa Care Concierge and caregiver support services.	Up to 72 hours per year of in-person or virtual companion care and unlimited Social Care Navigation (formerly called Papa Care Concierge). Caregiver support services are not covered.
Pulmonary rehabilitation services	<u>HMO (in-network)</u> \$20 for each Medicare-covered pulmonary rehabilitation service.	<u>HMO (in-network)</u> \$15 for each Medicare-covered pulmonary rehabilitation service.
Skilled nursing facility (SNF) care	<u>HMO (in-network)</u> For Medicare-covered services for each benefit period you pay: \$0 per day for days 1-20. \$196 per day for days 21-100.	<u>HMO (in-network)</u> For Medicare-covered services for each benefit period you pay: \$0 per day for days 1-20. \$203 per day for days 21-100.
Transportation	\$0 for up to 30 non-emergency one-way trips, up to 30 miles max per one-way, to or from health-related locations per year.	\$0 for up to 30 non-emergency one-way trips, up to 40 miles max per one-way, to or from health-related locations per year.
Worldwide emergency care	\$110 for each Medicare-covered worldwide emergency room visit.	\$120 for each Medicare-covered worldwide emergency room visit.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our “Drug List”

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our “Drug List” is provided electronically. You can get the complete “Drug List” by calling Customer Service or visiting our website (priorityhealth.com/one24).

We made changes to our “Drug List,” which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the “Drug List” to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the “Drug List” are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online “Drug List” to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We will send a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the Low-Income Subsidy Rider or the LIS Rider), which tells you about your drug costs. If you receive “Extra Help” and you haven’t received this insert, please call Customer Service and ask for the LIS Rider.

There are four **drug payment stages**. The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2023 (this year)	2024 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (30 day retail)</p> <p>During this stage, the plan pays its share of the cost of your drugs, and you pay your share of the cost.</p> <p>The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>We changed the tier for some of the drugs on our “Drug List.” To see if your drugs will be in a different tier, look them up on the “Drug List.”</p> <p>Most adult Part D vaccines are covered at no cost to you.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 - preferred generic drugs: <i>Preferred cost sharing:</i> \$0 <i>Standard cost sharing:</i> \$6</p> <p>Tier 2 - generic drugs: <i>Preferred cost sharing:</i> \$10 <i>Standard cost sharing:</i> \$20</p> <p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$42 You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost sharing:</i> \$47 You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Your cost for a one-month supply at a network pharmacy:</p> <p>Tier 1 - preferred generic drugs: <i>Preferred cost sharing:</i> \$0 <i>Standard cost sharing:</i> \$6</p> <p>Tier 2 - generic drugs: <i>Preferred cost sharing:</i> \$10 <i>Standard cost sharing:</i> \$20</p> <p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$42 You pay \$35 per month supply of each covered insulin product on this tier. <i>Standard cost sharing:</i> \$47 You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (30 day retail) (continued)</p>	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 50% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 - specialty drugs: <i>Preferred cost sharing:</i> 33% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 33% You pay \$35 per month supply of each covered insulin product on this tier.</p>	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 50% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p>Tier 5 - specialty drugs: <i>Preferred cost sharing:</i> 33% You pay \$35 per month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 33% You pay \$35 per month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (90 day retail)</p> <p>The costs in this row are for a three-month (90-day) supply when you fill your prescription at a network pharmacy.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p>Your cost for a three-month supply at a network pharmacy:</p> <p>Tier 1 – preferred generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$18</p> <p>Tier 2 – generic drugs: <i>Preferred cost sharing:</i> \$30</p> <p><i>Standard cost sharing:</i> \$60</p> <p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$126 You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> \$141 You pay \$105 per three-month supply of each covered insulin product on this tier.</p>	<p>Your cost for a three-month supply at a network pharmacy:</p> <p>Tier 1 - preferred generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$18</p> <p>Tier 2 - generic drugs: <i>Preferred cost sharing:</i> \$30</p> <p><i>Standard cost sharing:</i> \$60</p> <p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$126 You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> \$141 You pay \$105 per three-month supply of each covered insulin product on this tier.</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (90 day retail) (continued)</p>	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 50% You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p>Tier 5 – specialty drugs: Not available</p>	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p><i>Standard cost sharing:</i> 50% You pay \$105 per three-month supply of each covered insulin product on this tier.</p> <p>Tier 5 – specialty drugs: Not available</p>
<p>Stage 2: Initial Coverage Stage (90 day mail-order)</p> <p>The costs in this row are for a three-month (90-day) supply when you fill your prescription through mail-order.</p> <p>For information about the costs, look in Chapter 6, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>Our pharmacy network includes mail-order pharmacies that offer standard cost sharing and preferred cost sharing. Preferred cost sharing for mail-order is limited to our preferred mail-order pharmacy, Express Scripts, but you may choose any network mail-order pharmacy to receive your covered prescription drugs. Your cost sharing may be less at Express Scripts.</p>	<p>Your cost for a three-month supply at a mail-order pharmacy:</p> <p>Tier 1 - preferred generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$18</p> <p>Tier 2 - generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$60</p>	<p>Your cost for a three-month supply at a mail-order pharmacy:</p> <p>Tier 1 - preferred generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$18</p> <p>Tier 2 - generic drugs: <i>Preferred cost sharing:</i> \$0</p> <p><i>Standard cost sharing:</i> \$60</p>

Stage	2023 (this year)	2024 (next year)
<p>Stage 2: Initial Coverage Stage (90 day mail-order) (continued)</p>	<p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$105</p> <p><i>Standard cost sharing:</i> \$141 You pay \$105 per three-month supply of each covered insulin product on this tier.</p>	<p>Tier 3 - preferred brand drugs: <i>Preferred cost sharing:</i> \$105</p> <p><i>Standard cost sharing:</i> \$141 You pay \$105 per three-month supply of each covered insulin product on this tier.</p>
	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$105 per three-month supply of each covered insulin product on this tier.</p>	<p>Tier 4 - non-preferred drugs: <i>Preferred cost sharing:</i> 45% You pay \$105 per three-month supply of each covered insulin product on this tier.</p>
	<p><i>Standard cost sharing:</i> 50% You pay \$105 per three-month supply of each covered insulin product on this tier.</p>	<p><i>Standard cost sharing:</i> 50% You pay \$105 per three-month supply of each covered insulin product on this tier.</p>
	<p>Tier 5 – specialty drugs: Not available</p> <hr/> <p>Once your total drug costs have reached \$4,660, you will move to the next stage (the Coverage Gap Stage).</p>	<p>Tier 5 – specialty drugs: Not available</p> <hr/> <p>Once your total drug costs have reached \$5,030, you will move to the next stage (the Coverage Gap Stage).</p>

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage.**

Beginning in 2024, if you reach the Catastrophic Coverage Stage, you pay nothing for covered Part D drugs.

For specific information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in PriorityMedicare ONE

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our PriorityMedicare ONE.

Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2024 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2024* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 4), or call Medicare (see Section 6.2).

As a reminder, Priority Health Medicare offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from **PriorityMedicare ONE**.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from **PriorityMedicare ONE**.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do so.

- – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2024.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2024, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2024.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Michigan the SHIP is called Michigan Medicare/Medicaid Assistance Program (MMAP).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. MMAP counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call MMAP at 800.803.7174 or dial 211. [Plans may insert the following: You can learn more about MMAP by visiting their website (mmapinc.org).

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual

deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
 - Your State Medicaid Office (applications).
 - Change Healthcare at 1.877.817.0857, between 9 a.m. to 6 p.m., Monday through Friday. TTY users should call 1.877.644.3244. Priority Health works with MyAdvocate Change Healthcare to help members identify and apply for programs that they may qualify for. For additional information please go to *MyAdvocateHelps.com*.
 - An additional source for members to see if they qualify for extra help from Medicare may be found by calling Priority Health at 1.888.939.0983.
- **Help from your state’s pharmaceutical assistance program.** Michigan has a program called Michigan Drug Assistance Program (MIDAP) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
 - **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Michigan HIV/AIDS Drug Assistance Program (MIDAP). For information on eligibility criteria, covered drugs, or how to enroll in the program, please call 888.826.6565.

SECTION 6 Questions?

Section 6.1 – Getting Help from PriorityMedicare ONE

Questions? We’re here to help. Please call Customer Service at 844.403.0444. (TTY only, call 711.) We are available for phone calls 7 days a week, 8 a.m. to 8 p.m. Calls to these numbers are free.

Read your 2024 Evidence of Coverage (it has details about next year’s benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2024. For details, look in the *2024 Evidence of Coverage* for **PriorityMedicare ONE**. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your

rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at priorityhealth.com/one24. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at priorityhealth.com/one24. As a reminder, our website has the most up-to-date information about our provider network (*Provider/Pharmacy Directory*) and our *List of Covered Drugs (Formulary/“Drug List”)*.

Section 6.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

PriorityMedicare ONE's pharmacy network includes limited lower-cost, preferred pharmacies in Michigan. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call 844.403.0444, TTY users should call 711, or consult the online pharmacy directory at priorityhealth.com/one24.



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